

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Mental Health America of Fredericksburg

**Application Status:** Submitted

#### Mental Health America of Fredericksburg

##### Agency Information

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

##### General Information

<b>Agency Name</b>	Mental Health America of Fredericksburg
<b>Physical Address</b>	2217 Princess Anne Street, Suite 104-1, Fredericksburg, Virginia, 22401, U.S.A.
<b>Mailing Address</b>	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA 22401
<b>Agency Phone Number</b>	(540) 371-2704
<b>Federal Tax ID #</b>	540678704
<b>Web Address</b>	www.mhafred.org
<b>Agency Email Address</b>	ritagirard@mhafred.org

##### Agency Mission Statement

MHAF provides education, advocacy and service to all people with mental health needs. We educate to promote mental health awareness and understanding. We solve problems by advocating policies and by working with individuals and agencies in the community to respond to mental health problems and to meet needs. We identify gaps unmet by public and private mental health providers and insurers, and we create and incubate programs and funding to meet those needs.

<b>Number of Years in Operation</b>	61
-------------------------------------	----

##### Main Contact

<b>Main Contact</b>	Rita Girard, phone: (540) 371-2704, email: ritagirard@mhafred.org
---------------------	---

**Job Title** Executive Director

## Localities Served

*Please select any/all localities your agency serves.*

**Caroline**

**Fredericksburg**

**King George**

**Spotsylvania**

**Stafford**

## Collaborative Impact

**Describe in detail how the community would be impacted if your agency were dissolved or merged with another partner agency.**

Mental Health America of Fredericksburg provides unique programs and services in the Fredericksburg region. Although merging with another agency would not have a negative impact on our community (providing our programs continue), lack of funding for those programs would.

Historically, MHAF has identified gaps in community services and filled those gaps by incubating programs to fill those needs. Often times, those programs become independent of MHAF and flourish.

Our current programs fill identified service gaps.

Senior Visitors Program - With few services for older adults in the greater Fredericksburg area, who are isolated and socially disconnected, and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact and the only free service where the individual needs of socially isolated older adults are addressed and met. If the SV program dissolved, the seniors we serve would be referred to local government or other community programs for services to meet their non-mental health needs; however, their mental health needs would most likely go unmet.

Suicide Prevention Education - MHAF is not aware of any similar programs addressing teen depression and risk of suicide in our area. Although the Governor's Task Force has recommended suicide prevention education for high school students, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for this program which is based on community partnerships. MHAF is not aware of another organization who would coordinate this educational opportunity if MHAF dissolved.

MHAF's HelpLine is the only mental health information and referral service in our area. Its purpose is to connect people seeking help with those who can provide it. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the nearly 3300 callers in FY2016 may not have received the help needed to positively impact their lives.

## Community Impact

*Please provide at least 2 examples of how your services have impacted members of our community.*

### **Example 1**

HelpLine

Example #1

As a result of HelpLine data collected in FY14, we sought and were awarded funding through the Community Foundation of the Rappahannock River Region - Youth in Philanthropy and began an 8-week, teen support group for adolescents who struggle with depression in April of 2016.

There was honest and raw sharing between group members regarding their challenges/struggles with depression, peer relationships, family dynamics and life! They supported and encouraged one another during group sessions. Although we cannot share details due to confidentiality, we know that this group saved the lives of two teens. At the final session they expressed their wish that it be an ongoing group and made plans to keep meeting as friends and do things as families. We are seeking funding to expand it to a year round support group.

Example #2

We received a HelpLine call from a single Mom regarding her 12-year-old son with ADHD. His behavior caused many problems for him at school and home and she was at her wit's end. We referred her to a male counselor who has expertise with adolescent boys with ADHD. Her son was able to connect with the counselor who offered many suggestions to the family on how to interact in ways that would improve family dynamics and encouraged them to talk to the son's doctor regarding his medication. They are now in family counseling with the same provider and making great progress toward healthy family relationships.

These are just two examples of the many ways that funding allows us to help people through the MHAF HelpLine. We could not "Change Minds and Change Lives" without community support!

### **Example 2**

Senior Visitors Program

Example

The Senior Visitors program is meeting a significant gap in services for seniors, oftentimes delaying their need for local government assistance or premature placement in institutional settings. Here is an example of how our program changes lives.

Millie was living alone and recently lost her only means of transportation. She felt isolated and depressed. A neighbor referred Millie to the MHAF Senior Visitors Program. Millie was matched with Senior Visitors volunteer, Tami.

On their first visit, they discussed their common interests: books, movies, food, and gardening. By their third visit, Millie expressed her concern that without transportation, she had not been keeping up with her medical appointments. Tami sat down with Millie and helped her organize a list of her doctors and medications. Over the next several weeks Tami helped Millie visit her various doctors. She further helped Millie make notes of her medical issues, adjustments in medications, and calendar follow up visits.

Several months later both Millie and Tami report that they not only see an improvement in Millie's health and strength, but they feel they have formed a cheerful friendship. Tami brings Millie vegetables from her garden. Millie bakes for Tami and shared her special brownie recipe with her.

Millie's story is just one example of how the Senior Visitors Program is helping seniors in our community

reduce their depression, increase their connection to community resources through improved social support, and develop age appropriate skills and habits to avoid risky behaviors for themselves and create a safer community for all.

### **Example 3 (Optional)**

#### Suicide Prevention Education (and HelpLine)

##### Example

In March, we presented our suicide prevention education program at one of the local high schools. That evening, we received a call on our Help Line (after hours) from one of the freshman who participated in one of the sessions. She left a voicemail message asking for resources (someone to talk to) because she realized that she was “experiencing depression and had suicidal thoughts.”

We called back in the morning, but it went straight to her voicemail. The staff was informed of the voicemail and our attempt to reach this young woman. We all hoped we would get the chance to give her someone to reach out to. Fortunately, she returned our call after she got out of school.

We found out that her mom and dad knew she was calling! She sounded wise beyond her years! She asked questions about insurance and specialties, location, hours of operation. The fees they charged.

We told her how much she was admired for her courage to admit she needed help and for taking the steps to call initially and to call back!

She took a step toward her own healing because of what she learned through our program. We know that education changes minds and changes (and oftentimes saves) lives.

## **Mental Health America of Fredericksburg -**

### **Locality Information**

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### **Locality Notes**

*Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.*

#### **Caroline County**

##### **Senior Visitors Program**

We are requesting \$3,393 from Caroline County for the Senior Visitors Program.

The average cost (per person served) is \$377. The program currently serves 8 Caroline seniors with no locality funding. We project that we will serve 9 residents in FY18. (9 x \$377 = \$3,393)

##### **HelpLine**

We are requesting \$538 from Caroline County for the HelpLine program.

The average cost of the HelpLine program (per person) is \$30.75. The program currently serves 56 Caroline residents with no locality funding. RUW supports 75% of the HelpLine program, thus we are asking localities to cover the other 25%. We project that we will serve 70 Caroline County residents in FY18. (70 x \$30.75 = \$2,153 x 25% = \$538).

##### **Suicide Prevention Education**

We are not requesting funding from Caroline County for the Suicide Prevention Education program at this time.

#### **City of Fredericksburg**

##### **Senior Visitors Program**

We are requesting level funding of \$12,215 from the City of Fredericksburg for the Senior Visitors Program.

The average cost (per person served) is \$377. The program currently serves 37 Fredericksburg seniors. We project that we will serve 38 residents in FY18. (38 x \$377 = \$14,326)

##### **HelpLine**

We are requesting \$4,958 from Fredericksburg for the HelpLine program.

The average cost of the HelpLine program (per person) is \$30.75. The program currently serves 516 Fredericksburg residents with no locality funding. RUW supports 75% of the HelpLine program, thus we are asking localities to cover the other 25%. We project that we will serve 645 City residents in FY18. (645 x \$30.75 = \$ x 25% = \$4,958).

## Suicide Prevention Education

We are requesting \$500 from the City of Fredericksburg for the Suicide Prevention Education program. We are already serving Fredericksburg freshman. Funding will help defray the costs born by MHAF unrestricted revenues.

## King George County

### Senior Visitors Program

We are requesting \$1,508 from King George County for the Senior Visitors Program. The average cost (per person served) is \$377. The program currently serves 3 King George seniors with no locality funding. We project that we will serve 4 residents in FY18. ( $4 \times \$377 = \$1,508$ )

### HelpLine

We are requesting \$538 from King George County for the HelpLine program. The average cost of the HelpLine program (per person) is \$30.75. The program currently serves 54 King George residents with no locality funding. RUW supports 75% of the HelpLine program, thus we are asking localities to cover the other 25%. We project that we will serve 68 residents in FY18. ( $68 \times \$30.75 = \$2,091 \times 25\% = \$523$ ).

## Suicide Prevention Education

We are not requesting funding from King George County for the Suicide Prevention Education program at this time.

## Spotsylvania County

### Senior Visitors Program

We are requesting level funding of \$23,000 from Spotsylvania County for the Senior Visitors Program. The average cost (per person served) is \$377. The program currently serves 54 Spotsylvania seniors. We project that we will serve 55 residents in FY18. ( $55 \times \$377 = \$20,735$ )

### HelpLine

We are requesting \$2,142 from Spotsylvania for the HelpLine program. The average cost of the HelpLine program (per person) is \$30.75. The program currently serves 223 Spotsylvania residents. RUW supports 75% of the HelpLine program, thus we are asking localities to cover the other 25%. We project that we will serve 279 residents in FY18. ( $279 \times \$30.75 = \$8,579 \times 25\% = \$2,142$ ).

## Suicide Prevention Education

We are requesting \$2,000 from Spotsylvania for Suicide Prevention Education - toward the 2016 SPCS funding and match required by Sunshine Lady Foundation. We have served Spotsylvania 9th grade students since 2014 and expanded to the 7th grade this year.

## Stafford County

### Senior Visitors Program

We are requesting level funding of \$12,000 from Stafford County for the Senior Visitors Program. The average cost (per person served) is \$377. The program currently serves 33 Stafford County seniors. We project that we will serve 34 residents in FY18. ( $34 \times \$377 = \$12,818$ )

### HelpLine

We are requesting \$2,022 from Stafford County for the HelpLine program. The average cost of the HelpLine program (per person) is \$30.75. The program currently serves 210 Stafford residents. RUW supports 75% of the HelpLine program, thus we are asking localities to cover the

other 25%. We project that we will serve 263 Stafford residents in FY18. ( $263 \times \$30.75 = \$8,087 \times 25\% = \$2,022$ ).

#### Suicide Prevention Education

We are requesting \$2,000 from Stafford County for the Suicide Prevention Education program as seed money to expand into Stafford Schools. We will also be seeking funding from Stafford County Schools and the Sunshine Lady Foundation's matching funds.

## Mental Health America of Fredericksburg -

### Agency Budget

*In the boxes below provide an overview of the administrative costs associated with your agency budget. Include revenue that defrays administrative costs; this is non programmatic revenue and should not include any revenue associated with programming.*

*You may save your work at any time by clicking on the "Save My Work" link/icon.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### Expenses

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Salary	19,140.00	29,091.00	39,580.00
Benefits	1,464.00	2,225.00	3,028.00
Operating Expenses	0.00	0.00	0.00
Capital Expenses	0.00	0.00	0.00
Administrative Expenses	26,404.00	22,626.00	28,839.00
Total	47,008.00	53,942.00	71,447.00

### Revenues

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Caroline	0.00	0.00	0.00
Fredericksburg	0.00	0.00	0.00
King George	0.00	0.00	0.00
Spotsylvania	0.00	0.00	0.00
Stafford	0.00	0.00	0.00
United Way	0.00	0.00	0.00
Grants	1,500.00	1,500.00	1,500.00
Client Fees	0.00	0.00	0.00
Fundraising	45,508.00	69,947.00	69,947.00
Other (Click to itemize)	0.00	0.00	0.00

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Total	47,008.00	71,447.00	71,447.00

**Surplus / Deficit**

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	0.00	17,505.00	0.00

## **Mental Health America of Fredericksburg -**

### **Agency Budget Narrative**

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### **Administrative Expenses**

**Provide an overview of the administrative costs for your agency.**

MHAF administrative costs include both the operating costs of running the agency and the fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs (\$53,942 for FY17) represent approximately 20% of MHAF's annual budget (\$257,738 for FY17).

Some of MHAF's programs provide indirect funding which covers shared costs such as phone, insurance, rent, etc. MHAF is not asking the locality to provide indirect funding at this time. All locality funding will be used to directly impact the programs it supports.

**If your agency is requesting an increase or decrease in administrative funding, please describe in detail the reasons for these changes.**

MHAF has been successful in procuring new grant funding for its programs in the past few years. Fund accounting and reporting requirements for these grants is time-consuming and requires the expertise of a trained professional in this area. Therefore, a dedicated staff member is needed to manage these responsibilities. To this end, MHAF has created a new administrative position to assist the Executive Director in the business and finance operations of the agency. This finance manager position plus increases in operating and fundraising expenses (insurance, phone, audit, events, etc.) will result in an increase in the agency's administrative expenses in FY18 of \$17,505 or 32%.

**Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.**

In previous fiscal years, MHAF has used a portion of the locality funding for administrative expenses via charging indirect costs associated with the programs to the localities. Since MHAF is anticipating a surplus in its FY17 budget, we will use that surplus to defray the anticipated increase in FY18 administrative expenses as previously stated. Therefore, we will not be asking the localities in FY18 to fund any administrative expenses. This may change in FY19 and going forward.

### **Capital Expenses**

**Please provide an overview of the capital costs for your agency.**

NO CAPITAL EXPENSES

**Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.**

N/A

## **Salary & Benefit Expenses**

**Please provide an overview of any increases or decreases in general personnel expenses for your agency.**

With regard to administrative personnel expenses, the salary and benefits (FICA) for the Executive Director are level from FY17 to FY18. However, in the past, 33% of the Executive Director's time was charged to operations and fundraising. For FY18, this will be increased to 40% to reflect additional time spent cultivating donors, planning events, etc. This additional 7% of time plus FICA equals \$4371.

The new Finance Manager position (explained previously) will be hired mid-year in FY17. Therefore, in FY18, there will be an increase in administrative expenses for this position to cover the full year. This increase will be \$8816.

**Please provide a description of any changes to agency benefits structure or cost.**

N/A

## **Budget Issues**

**Provide any legislative initiatives or issues that may impact the agency for the upcoming year.**

MHAF receives no state or federal funding to support its free programs. No fees are charged to program beneficiaries. No services are billed for third party reimbursements; thus no financial impact from state or national legislation is anticipated for the upcoming year. As a grassroots advocacy organization, MHAF continues to be actively involved in legislative priorities that address the needs of the people we serve and our community.

MHAF has a long history of addressing the mental health needs in our community. The agency has a strong Board of Directors that takes its oversight and fundraising responsibilities seriously. MHAF also has longstanding partnerships with community businesses, institutions of higher education, school systems, local governments, other agencies, mental health professionals, etc.

**If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.**

At the end of FY17, the \$10,000 grant in support of Senior Visitors from National Lutheran Community Services will expire. MHAF has already submitted a proposal for the FY18-21 grant cycle for \$15,000/year. The Duff McDuff Green \$5000 grant for Suicide Prevention Education expires at the end of FY17. MHAF will submit a new \$10,000 proposal in FY18. RUW provided \$37,000 for Helpline and Senior Visitors in FY17. A proposal for level funding will be submitted in FY18.

The goal of the MHAF Board of Directors is to increase fundraising revenues, therefore reducing reliance on grant funding, which is cyclical in nature. However, while we work hard to raise revenues through fundraising, we also work to maintain relationships with our grantors and to seek new grant funding as it becomes available. We put forth a great deal of effort to be fiscally responsible with the monies entrusted

to us.

**Please detail any identified agency needs or areas of concern that are currently not being addressed in your funding request.**

At this time, MHAF's agency needs have been addressed by our program funding requests. See Helpline, Senior Visitors and Suicide Prevention Education program budget requests.

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Mental Health America of Fredericksburg

**Application Status:** Submitted

#### Mental Health America of Fredericksburg **Senior Visitors Program**

#### Program Budget Narrative

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

#### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

We are requesting level funding from the localities who have supported the Senior Visitors program in the past and are requesting new funding from the localities we serve who have not supported our program in the past.

Continued level funding is needed to be able to continue offering this unique program (providing significant impact to socially isolated older adults) in order to continue serving lonely seniors in our community.

A concern for Senior Visitors is the growing number of seniors requesting to be in the program, yet finances and staff hours are limited. The program director works 22 hrs/wk; program assistant 15, thus less than 1 FTE support this program that serves over 100 seniors. Program staff perform many tasks to recruit/train volunteers, make matches, process and assess clients, and manage individual needs of seniors and need to at least maintain the hours they work to adequately serve lonely seniors.

#### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

We are requesting level funding from the localities who have supported the Senior Visitors program in the past and are requesting new funding from the localities we serve who have not supported our program in the past.

#### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

We are not seeking funding for new positions or personnel from local government funding.

However, MHAF received \$10,000 in funding from the National Lutheran Communities Services (NLCS) organization for fiscal years 2016 and 2017 (\$5,000 each year) for additional staff hours in order to serve more lonely seniors, and purchase marketing materials.

We currently have a three year grant request submitted to National Lutheran Communities Services (for \$15,000 each year) to continue the additional staff hours and add a part-time marketing staff to the Senior Visitors program to recruit more Senior Visitor volunteers and be able to serve more seniors (who are currently on our waiting list.)

## **Mental Health America of Fredericksburg -**

### **Collaborative Impact**

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

Senior Visitors is committed to coordinating efforts and working together with diverse sectors to identify common goals and create lasting solutions for seniors rather than working in isolation.

The program collaborates with Partners in Aging, a nonprofit organization providing education and services to raise awareness of senior needs through activities such as the Art of Aging, Operation Medicine Cabinet, and Caregivers Appreciation Luncheon. Partnerships with local government agencies (DSS, RAAA), nonprofit human service agencies, and private sector businesses (Home Health agencies, Assisted Living facilities) results in coordination that leverages resources for maximum impact.

Through partnerships with youth, church, and nonprofit groups, many seniors are fortunate to have home repairs/projects done at no charge.

Collaboration to navigate and access healthcare and social services impacts senior's lives and results in locality savings.

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

With few services for older adults in the greater Fredericksburg area who are isolated and socially disconnected, and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact where the individual needs of socially isolated older adults are addressed and met via an established, nurtured network of eldercare providers from human service agencies working together toward shared goals.

If the SV program dissolved, the seniors we serve would be referred to local government or other community programs for services to meet their non-mental health needs; however, their mental health needs would most likely go unmet.

MHAF Board and staff are committed to this program and continue to explore funding streams to sustain

the additional program-designated staff hours that have resulted in more seniors served and more services provided to impact their lives.

## Mental Health America of Fredericksburg -

### Program Overview

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### General Information

**Program Name** Senior Visitors Program

**Is this a new program?** No

### Program Contact

**Name** Rita Girard

**Title** Executive Director

**Email** ritagirard@mhafred.org

**Phone** (540) 371-2704

### Program Purpose / Description

#### Provide an overview of this program

The Senior Visitors program provides socialization, companionship, client needs management, support and community connection to lonely, isolated older adults who are at risk of depression, to improve their social, emotional, and mental wellness.

It is the only FREE program in the area providing individualized, weekly in-home, community-based support to alleviate loneliness and social isolation for seniors – known predictors of clinical depression and risk of suicide. In fact, 20% of all deaths by suicide are by persons aged 65 and older.

Many seniors live alone on fixed incomes, have health and mobility impairments, cannot drive and have lost connection with their community.

Trained, screened volunteers are matched with seniors referred by local government agencies, healthcare providers, churches, family members, neighbors, or self-referral. Referral sources use the program as a continuum of care after hospital discharge, exhausted home health visits and to connect seniors on waiting lists of community agencies until resources are available.

Staff support and volunteer visits provide companionship, offer emotional support, encourage physical

activity and restore community connection; thus, the unmet needs and problems of seniors are identified and appropriate resources for resolution are provided.

## **Client Fees**

**Please describe the fees clients must pay for the services by this program.**

There are no fees charged to the client; services are not billed for reimbursement; contributions from clients are not suggested as the majority of seniors enrolled in the Senior Visitors program live on fixed income and are unable to purchase needed assistance.

## **Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

Need for senior services ranks 4th per the 2015 MWHC needs assessment. 2014 US census reports 8.76% population growth in PD16 with 11.64% of residents being aged 65 & older.

Despite growing numbers, we have few FREE services for older adults. SV program serves an average of 110 isolated older adults through volunteers. SV volunteers provided 4240 service hours (valued at \$99,894 per FY15 volunteer rate of \$23.56) with 2,464 volunteer contacts.

The program reaches seniors not currently receiving any services while providing an adjunct to those served by regional agencies (DSS or RAAA), thus complementing and augmenting services at a significant cost savings rather than duplicating services.

No other human service provider in our area offers these unique, individualized services to seniors. Without this program, many senior needs would go unmet. Cost-effective services provided by this program reduce the safety net burden for local jurisdictions.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

The SV program is an existing program.

## **Target Audience and Service Delivery**

**Describe the program's intended audience or client base and how those clients are served.**

The SV program serves adults aged 60 and older residing in PD16 who are lonely, socially isolated and have lost connection with their community - known predictors for risk of depression in older adults.

Many have physical and mental health impairments limiting their mobility and connection with community. Through partnerships with community agencies and businesses that refer clients who can benefit from the individualized in-home support, service delivery is maximized and duplication minimized.

Volunteers make weekly visits to senior's homes providing companionship and support based on the individual needs of the senior – caregiver respite, transportation to medical appointments, running errands (grocery shopping, picking up medications). Visit times are determined by volunteers and seniors to accommodate schedules of both.

Volunteers commit to 1 hour per week for at least a 6-month period. Most exceed this commitment as evidenced by 4240 hours/contacts delivered in FY2016.

**If your program has specific entry or application criteria, please describe it here.**

The SV program criteria is that it serves adults aged 60 and older who are lonely, socially isolated and have lost connection with their community. Those socially isolated older adults are referred by local agencies, churches, families, and self-referral and then assessed by the clinically trained SV Program Director for health and safety risk factors, social isolation and depression via PHQ2 tool, and unmet needs.

Trained, screen volunteers are then matched with those seniors and provide companionship, offer emotional support, encourage physical activity, and restore community connection.

## Mental Health America of Fredericksburg -

### Number of Individuals Served

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

<b>Locality</b>	<b>FY2016 (Actual)</b>	<b>FY2018 (Projected)</b>
Fredericksburg City	37	38
Caroline County	8	9
King George County	3	4
Spotsylvania County	54	55
Stafford County	33	34
Other Localities	4	4
Total	139	144

# Mental Health America of Fredericksburg -

## Goals and Objectives

### Goals

#### Goal:

Seniors reduce their risk of depression through improved social support and interaction thus decreasing risky health and safety behaviors and improving their healthy behaviors.

#### Objectives

Objective Results	Year End	Baseline
Total # Clients Served	24	45
Total # Clients Achieved/Successful	24	38
% Achieved / Successful	100	84.44

Seniors who report feeling less lonely and isolated as a result of visits by their volunteer who provides weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation, and risk of clinical depression.

Seniors who report that overall the Senior Visitors program has met their needs by providing socialization opportunities for isolated older adults to encourage "life outside their four walls" through: outings in the community; annual holiday social in December and summer picnic; monthly newsletter, cards remembrance program and communication with seniors (notes, calls).

Total # Clients Served	24	45
Total # Clients Achieved/Successful	22	38
% Achieved / Successful	91.67	84.44

### Outcomes Narratives

#### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

We served 139 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed on 7/27/16 to 61 volunteers/seniors who are in an established "match." Of those surveys, 24 were returned. The data reported is based on those 24 surveys (a 39% return).

Through collection and monitoring of reliable data using a variety of methods, we can confidently report that the program is making a positive impact on seniors' lives – alleviating loneliness, increasing activity

levels, decreasing risk of depression, and reducing incidence of preventable illness through early intervention via an extensive network of eldercare providers. Program activities reduce their social isolation and loneliness while increasing healthy behaviors and community connection.

As the results reflect:

100% of seniors report feeling less lonely and isolated as a result of visits by their volunteer

92% of seniors report that the overall Senior Visitors program has met their needs.

## Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

We have no planned changes to the Senior Visitor program or their goals and objectives at this time.

As stated previously, we are seeking grant funding to add a part-time marketing staff person to actively seek volunteers from church and civic organizations in an effort to serve more seniors.

**If you are restating the goals or objectives for FY 2018, please include those here**

Goal - Seniors reduce their risk of depression through improved social support and interaction thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objective - Seniors report feeling less lonely and isolated as a result of visits by their volunteer.

Objective - Seniors report that the overall Senior Visitors program has met their needs.

### Goal:

**Seniors reduce their risk of depression through improved connection to their community and community resources, thus decreasing risky health and safety behaviors and improving their healthy behaviors.**

### Objectives

**Seniors who report feeling better connected with their community and needed resources by providing needs management services through communication with client, referral sources and family members to connect older adults with needed community resources (physicians, healthcare providers, local government agencies, nonprofit organizations, and private sector businesses serving older adults).**

Objective Results	Year End	Baseline
Total # Clients Served	24	45
Total # Clients Achieved/Successful	21	38
% Achieved / Successful	87.50	84.44

**Seniors who report that overall the**

Total # Clients Served

24

45

**Senior Visitor program has met their needs by cultivating and maintaining effective working relationships that ensure referrals to and from needed community resources providing services to older adults (eldercare providers, local government and human service agencies, healthcare providers, civic organizations, faith and business communities).**

Total # Clients Achieved/Successful	22	38
% Achieved / Successful	91.67	84.44

## **Outcomes Narratives**

### **Explanation & Overview**

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

We served 139 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed on 7/27/16 to 61 volunteers/seniors who are in an established "match." Of those surveys, 24 were returned. The data reported is based on those 24 surveys (a 39% return).

Through collection and monitoring of reliable data using a variety of methods, we can confidently report that the program is making a positive impact on seniors' lives – alleviating loneliness, increasing activity levels, decreasing risk of depression, and reducing incidence of preventable illness through early intervention via an extensive network of eldercare providers. Program activities reduce social isolation and loneliness while increasing healthy behaviors and community connection.

As the results reflect:

87.5% of seniors report feeling better connected with their community and needed resources.

91.67% of seniors report finding community resources by contacting Senior Visitor staff.

### **Updates for FY2018**

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

We have no planned changes to the Senior Visitor program or their goals and objectives at this time. We are seeking grant funding to add a part-time marketing staff person to actively seek volunteers from church and civic organizations in an effort to serve more seniors.

**If you are restating the goals or objectives for FY 2018, please include those here**

Goal - Seniors reduce their risk of depression through improved connection to their community, thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objective - Seniors report feeling better connected with their community and needed resources.

Objective - Seniors report finding community resources by contacting Senior Visitor staff.



## Mental Health America of Fredericksburg -

### Program Budget

Please detail below the budget request for your program.

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

### Expenses

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Salary	57,552.00	61,452.00	65,352.00
Benefits	4,403.00	4,701.00	4,999.00
Operating Expenses	5,916.00	8,314.00	8,314.00
Capital Expenses	0.00	0.00	0.00
Total	67,871.00	74,467.00	78,665.00

### Revenues

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Caroline	0.00	0.00	3,393.00
Fredericksburg	12,215.00	12,215.00	12,215.00
King George	0.00	0.00	1,508.00
Spotsylvania	23,000.00	23,000.00	23,000.00
Stafford	10,690.00	12,000.00	12,000.00
United Way	12,000.00	14,000.00	17,000.00
Grants	5,000.00	12,500.00	7,500.00
Client Fees	0.00	0.00	0.00
Fundraising	4,966.00	752.00	2,049.00
Other (Click to itemize)	0.00	0.00	0.00
Total	67,871.00	74,467.00	78,665.00

### Surplus / Deficit

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	0.00	0.00	0.00

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Mental Health America of Fredericksburg

**Application Status:** Submitted

#### Mental Health America of Fredericksburg **HelpLine**

#### Program Budget Narrative

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

#### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

Throughout the year we have carefully tracked the HelpLine calls (through phone, walk-ins, internet, mail and email) to record actual calls received (initial and follow-up calls) by each locality.

An analysis of all HelpLine program costs (including staff and materials (phone, website, etc) indicates that each HelpLine call/contact costs \$30.75.

The RUW grant covers 75% of HelpLine costs. We are asking the localities to cover 25% of the remaining costs based on the number served in their locality.

#### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

Our ability to respond to needs of HelpLine callers depends on adequate funding. No fees are charged to those seeking help or to the providers and agencies where callers are referred, although this has been identified as a potential funding stream.

We continue to seek funding opportunities for this unique, critical service as more staff hours result in more people having their unmet mental health needs met.

#### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

We are not seeking funding for new positions or personnel.

## **Mental Health America of Fredericksburg -**

### **Collaborative Impact**

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

The HelpLine is effective through collaborative impact. An extensive network of mental health practitioners/agencies, human service organizations, local/state government agencies, schools/colleges, and the faith community provide the information we use to connect those seeking help with resources. MHAF partners with Mental Health providers through an established dual referral system. We refer to clinicians for treatment services. They refer to the HelpLine when they cannot meet the specific need of a client or for support services for their clients (support groups, workshops, community resources). An unintended outcome of the HelpLine has resulted in coordinated information sharing. MHAF became the "bulletin board" to inform providers of continuing education workshops and resources to benefit their clients. By working together, connections are improved between those providing services and those who need them resulting in leveraging resources for maximum community impact.

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

MHAF's HelpLine is the only mental health information and referral service in our area. Its purpose is to connect people seeking help with those who can provide it in the public, private and nonprofit sectors. The Mary Washington HealthCare HealthLink includes medical doctors which in the mental health field is limited to psychiatrists. Therapists, psychologists and agencies providing mental health services are not included in their referral service. The HelpLine is not a crisis service, rather it guides individuals with mental health issues to providers and community services that meet their needs. HelpLine crisis callers are oftentimes referred to RACSB emergency services as well as 9-1-1, emergency rooms of local hospitals and the national suicide lifeline. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the nearly 3300 callers in FY2016 may not have received the help needed to positively impact their lives.

## Mental Health America of Fredericksburg -

### Program Overview

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### General Information

**Program Name** HelpLine

**Is this a new program?** No

### Program Contact

**Name** Rita Girard

**Title** HelpLine

**Email** ritagirard@mhafred.org

**Phone** (540) 371-2704

### Program Purpose / Description

#### Provide an overview of this program

MHAF's HelpLine, the ONLY Mental Health Information & Referral Service in our community, improves access for those seeking help by connecting them with appropriate mental health and community resources.

Understanding that there is a broad spectrum of mental states ranging from optimal mental health to severe mental illness, the HelpLine serves those in crisis - to those with common mental illnesses (depression & anxiety) to those experiencing stress as a result of a life situation (divorce or loss of a loved one).

Some have their problems solved quickly with a referral to a single provider or resource; however, others require numerous calls on their behalf to secure needed services for complex issues.

The HelpLine complements the health service network by providing accurate, caller-specific information for informed choice and decision-making. Trained staff provide guidance to local mental health practitioners & agencies in the public, private, and nonprofit sectors as well as local human service agencies and serve as advocates to assist people having difficulty navigating the cumbersome system to ensure they get connected. A color-coded provider listing with monthly updates is posted on our website

for those seeking help online.

The top five needs reported for FY15-16 are: counseling referrals; depression and anxiety issues; addiction/substance use; issues regarding teens; and the need for medication evaluations.

## **Client Fees**

**Please describe the fees clients must pay for the services by this program.**

Client fees are not charged and services are not billed for reimbursement. The HelpLine is provided as a free program to benefit anyone facing a mental health challenge in our community.

## **Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

National statistics reveal that 1 in 4 families will experience a mental health problem each year. The 2015 MWHC Healthy Community Needs Assessment identified mental health as the 4th health priority in our area. Research shows that 2 in 3 people who seek help get better, yet only 1 in 3 actually seek help. Why?

No other local service exists for mental health practitioners. The phone book is confusing as mental health providers are listed together rather than identified by specialty like physicians – cardiology, oncology. Health insurance companies provide lists to those they insure; however, information about who or what areas they serve (children, adult, stress, grief) is not included or not current.

Those seeking help hit many barriers and oftentimes are frustrated after making calls and leaving messages for providers who can't help them. They don't know where to turn. The HelpLine fills the gap for those seeking help and is the missing link in the mental health community.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

The HelpLine is an established program.

## **Target Audience and Service Delivery**

**Describe the program's intended audience or client base and how those clients are served.**

The HelpLine is a free service available to anyone who has a need for mental health information and/or referral services for themselves or another.

In addition to individuals calling for their own needs, physicians, schools, churches, businesses, local government and human service agencies either call seeking help for someone they are serving or they refer patients, parents, congregation members, employees or clients to the HelpLine.

Individuals and providers call us because MHAF maintains information to guide them to mental health services that meet their SPECIFIC needs, rather than the frustrating experience of calling numbers in the phone directory to determine who can or cannot help them.

The HelpLine primarily serves PD16; however, we respond to callers from across the state and nation as

people plan to move to our area or perhaps have loved ones residing here who need help.

Our mission is to be a community resource and increase the number of people who seek help.

**If your program has specific entry or application criteria, please describe it here.**

N/A

## Mental Health America of Fredericksburg -

### Number of Individuals Served

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

<b>Locality</b>	<b>FY2016 (Actual)</b>	<b>FY2018 (Projected)</b>
Fredericksburg City	516	645
Caroline County	56	70
King George County	54	68
Spotsylvania County	223	279
Stafford County	210	263
Other Localities	69	86
<b>Total</b>	<b>1,128</b>	<b>1,411</b>

# Mental Health America of Fredericksburg -

## Goals and Objectives

### Goals

#### Goal:

Provide a HelpLine service that connects people facing mental health challenges with those who can provide needed help. Staff listen to callers, determine needs and refers to appropriate mental health and community resources.

#### Objectives

Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help receive the appropriate, available mental health and/or community resources referrals and are satisfied.

Objective Results	Year End	Baseline
Total # Clients Served	752	1,500
Total # Clients Achieved/Successful	653	1,250
% Achieved / Successful	86.84	83.33

Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help report that they have the information they need for appropriate, available mental health and/or community resources and agree to a follow-up call.

Total # Clients Served	752	1,500
Total # Clients Achieved/Successful	600	1,250
% Achieved / Successful	79.79	83.33

### Outcomes Narratives

#### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

FY16 HelpLine demographic numbers are lower than projected as a result of our change in tracking methodology.

In August of 2015, with the transition of executive directors, and with recommendations from RUW, revisions were made for data collection/measurement to separate initial and follow-up call data to ensure counting individuals served vs. total number of calls.

The individual call form and monthly/master spreadsheets were revised to facilitate ease/accuracy of data

collection. Transition to this tracking method took a few months to refine/implement to capture an accurate picture of who uses the HelpLine and how it impacts our community.

### Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

With a total of 3,272 HelpLine contacts, we are currently building an interactive,online HelpLine program that is scheduled to go live in 2017 that will allow us to report important data in the future. There were 1456 HelpLine website users in FY2016 and the new online tool will allow us the ability to capture important data.

The top five needs reported for FY15-16 are: counseling referrals; depression and anxiety issues; addiction/substance use; issues regarding teens; and the need for medication evaluations. The data we collect is needed to assess/identify gaps in services, unmet needs, access barriers and sometimes duplication of services.

For example, we began tracking callers requesting services for teens in FY14-15 and saw a high number of callers regarding teens. As a result, we found funding through the Community Foundation Rappahannock River Region Youth in Philanthropy and created a teen depression education and support group in April of 2016.

**If you are restating the goals or objectives for FY 2018, please include those here**

Our goals and objectives remain the same.

Goal - Provide a HelpLine service that connects people facing mental health challenges with those who can provide needed help. Staff listen to callers, determine needs and refers to appropriate mental health and community resources.

Objective - Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help receive the appropriate, available mental health and/or community resources referrals and are satisfied.

Objective -Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help report that they have the information they need for appropriate, available mental health and/or community resources and agree to a follow-up call.

**Goal:**

**HelpLine caller with mental health needs or questions gain appropriate referrals for assistance and uses information to make contact with mental health professional.**

<b>Objectives</b>	<b>Objective Results</b>	<b>Year End</b>	<b>Baseline</b>
<b>Clients report that they have the information they need and agree to a follow-up call. Initial callers include: initial phone calls, emails, walk-ins, and jail letters.</b>	Total # Clients Served	752	1,500
	Total # Clients Achieved/Successful	653	1,000
	% Achieved / Successful	86.84	66.67
<b>HelpLine callers with mental health needs make contact with mental health providers to improve healthy behaviors by reducing health risk factors associated with untreated mental illness.</b>	Total # Clients Served	857	1,500
	Total # Clients Achieved/Successful	554	1,000
	% Achieved / Successful	64.64	66.67

## Outcomes Narratives

### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

FY16 HelpLine demographic numbers are lower than projected as a result of our change in tracking methodology. In August of 2015, with the transition of executive directors, and with recommendations from RUW, revisions were made for data collection/measurement to separate initial and follow-up call data to ensure counting individuals served vs. total number of calls.

The individual call form and monthly/master spreadsheets were revised to facilitate ease/accuracy of data collection. Transition to this tracking method took a few months to refine/implement to capture an accurate picture of who uses the HelpLine and how it impacts our community.

Follow-up calls are made to all initial callers who agree to a follow-up call and often require several contacts.

### Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

There was a total of 3,272 HelpLine contacts that include: initial calls (phone, walk-ins, emails, letters); follow-up calls, and online HelpLine users.

There were 1456 HelpLine website hits in FY2016. We are currently building an interactive HelpLine database that is scheduled to go live in 2017 that will allow us to report important data in the future. We are currently building an interactive,online HelpLine program that is scheduled to go live in 2017 that will allow us to report important data in the future. There were 1456 HelpLine website hits in FY2016 and the new online tool will allow us the ability to capture important data.

The top five needs reported for FY15-16 are: counseling referrals; depression and anxiety issues; addiction/substance use; issues regarding teens; and the need for medication evaluations. The data we collect is needed to assess/identify gaps in services, unmet needs, access barriers and sometimes duplication of services.

**If you are restating the goals or objectives for FY 2018, please include those here**

Our goals and objectives remain the same.

Goal - HelpLine caller with mental health needs or questions gain appropriate referrals for assistance and uses information to make contact with mental health professional.

Objective - Clients report that they have the information they need and agree to a follow-up call

Objective - HelpLine callers with mental health needs make contact with mental health providers to improve healthy behaviors by reducing health risk factors associated with untreated mental illness.

## Mental Health America of Fredericksburg -

### Program Budget

*Please detail below the budget request for your program.*

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### Expenses

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Salary	23,503.00	23,503.00	23,503.00
Benefits	1,798.00	1,798.00	1,798.00
Operating Expenses	3,148.00	7,528.00	9,882.00
Capital Expenses	0.00	0.00	0.00
Total	28,449.00	32,829.00	35,183.00

### Revenues

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Caroline	0.00	0.00	538.00
Fredericksburg	0.00	0.00	4,958.00
King George	0.00	0.00	523.00
Spotsylvania	0.00	1,746.00	2,142.00
Stafford	0.00	1,583.00	2,022.00
United Way	25,000.00	27,500.00	25,000.00
Grants	0.00	2,000.00	0.00
Client Fees	0.00	0.00	0.00
Fundraising	3,449.00	0.00	0.00
Other (Click to itemize)	0.00	0.00	0.00
Total	28,449.00	32,829.00	35,183.00

### Surplus / Deficit

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	0.00	0.00	0.00

## Regional Funding

### Fiscal Year 2018 - Partner Funding Application

#### Mental Health America of Fredericksburg

**Application Status:** Submitted

#### Mental Health America of Fredericksburg **Suicide Prevention Education**

##### Program Budget Narrative

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

#### **Please indicate in details reasons for increases or decreases in the amounts requested for FY 2018.**

This is the first year we are requesting locality funds for Suicide Prevention Education. We are asking because we have the opportunity to receive matching funds from the Sunshine Lady Foundation and expand our SPE program in PD16.

In 2014, Mental Health America of Fredericksburg (MHAF) identified suicide prevention education (SPE) as a need in our community. The Suicide Prevention Coalition (Spotsylvania County Public Schools - SCPS, Fredericksburg Counseling Services - FCS, and MHAF) developed a SPE program which was piloted in SCPS. We expanded to Fredericksburg City Schools last year.

This year, the Coalition has expanded the program to the 7th grade in SCPS through the generosity of SCPS and the Sunshine Lady Foundation's matching funds.

#### **If an increase is being requested, please describe the impact not receiving an increase would have on the program.**

This is the first year we are requesting locality funds for SPE.

Unless we receive adequate funding, we will not be able to expand the program.

#### **In particular, please describe in detail if any increase is sought for new positions or personnel.**

The funding we are requesting is minimal and would help us receive matching funds. To grow the program we will need to add a part time administrative assistant to our staff to assist our Suicide Prevention Education Coordinator.

## **Mental Health America of Fredericksburg -**

### **Collaborative Impact**

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### **Efforts and Partnerships**

**Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.**

MHAF Suicide Prevention Education (SPE) was originally developed in 2014 through a creative community "coalition". The Coalition included MHAF, Fredericksburg Counseling Services (FCS), Spotsylvania County Public Schools (SCPS).

This is year four that MHAF joins community partners to offer SPE in the SCPS, and year two in Fredericksburg City Schools (FRED) and is expanding programming from 9th to 7th grades this year. MHAF has engaged/trained Master's level interns and licensed mental health providers to serve as presenters. Community partners include: FCS, SCPS and FRED administration and school counselors/social workers, Catholic Charities and independent Mental Health Providers. MHAF Teen Council provides a "teen voice" for program relevancy/improvement and participation in school events to promote teen mental wellness. University of Mary Washington Department of Psychology is providing data analysis.

MHAF received matching funds from SCPS & Sunshine Lady Foundation.

### **Collaborative Impact**

**Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.**

MHAF is not aware of any similar programs addressing teen depression and risk of suicide in our area. Although the Governor's Task Force has recommended suicide prevention education for high school students, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for this program which is based on community partnerships.

MHAF is not aware of another organization who would coordinate this educational opportunity if MHAF dissolved.

Although many nonprofit organizations and local agencies offer programs within the school system to educate youth on topics relevant to them, MHAF is not aware of any agency providing teen depression education for high school students in our area. MHAF plans to provide trainings for school staff and

parents and identify partnering agencies to assist with this community outreach.

## Mental Health America of Fredericksburg -

### Program Overview

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### General Information

<b>Program Name</b>	Suicide Prevention Education
<b>Is this a new program?</b>	No

### Program Contact

<b>Name</b>	Rita Girard
<b>Title</b>	Executive Director
<b>Email</b>	ritagirard@mhafred.org
<b>Phone</b>	(540) 371-2704

### Program Purpose / Description

#### Provide an overview of this program

Suicide Prevention Education (SPE) is a collaborative prevention education model providing age appropriate knowledge & skills to reduce teen risky behaviors by increasing mental health literacy and expanding awareness of mental health and community resources.

The (SOS) Signs of Suicide curriculum teaches students how to identify the symptoms of depression and suicide ideation in themselves & their peers and encourages help-seeking behaviors through the ACT® Technique (Acknowledge, Care, Tell). The program includes a pre & post-test to determine what students know about signs of depression, risk of suicide, and help seeking behaviors before and after education. A video is used to teach an easy-to-remember acronym ACT (Acknowledge – that there is a problem, Care – let the person know you care, and Tell – a trusted adult) shows students steps they can take to seek help. Students participate in guided classroom discussions about suicide and depression.

The SOS program strives to prevent suicide attempts, increase knowledge about suicide and depression, develop desirable attitudes toward suicide and depression, and increase help-seeking behavior among youth.

Each session is presented to students using two presenters/mental health professionals, classroom

teacher and school counselor (who is identified as someone the students can go to if they identify a need in themselves or others). Mental health crisis and non-emergency contact information materials are distributed.

## **Client Fees**

**Please describe the fees clients must pay for the services by this program.**

No fees are charged to participants of the program.

## **Justification of Need**

**Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.**

Youth suicide is a serious problem. It is the second leading cause of death (5178 in 2013) among youth aged 10-24 in the US. It is estimated that 8-12% of high school aged youth will have depression, yet only one of every three will seek help. Untreated depression is responsible for more suicides than any other risk factor.

The 2013 CDC Youth online High School Virginia report shows: 14.7% seriously considered attempting suicide; 15.2% made a suicide plan; 9.8% attempted suicide one or more times during 12 months before survey; 3.8% attempted suicide that resulted in an injury, poisoning, or overdose requiring medical treatment.

MHAF's HelpLine experienced a 51% increase in callers requesting help for teens experiencing depression in FY2015.

This data is alarming and emphasizes the importance of suicide prevention education for our youth. Programs that can reduce the incidence of youth suicide are not currently coordinated in our area by other organizations.

**If this is a new program, be sure to include the benefits to the region for funding a new request.**

The ultimate benefit of Suicide Prevention Education (SPE) is to Change Minds and Change Lives. We want to stop the epidemic of suicide, by teaching teens that suicide is not a normal response to stress, and to provide them with the tools to respond differently.

MHAF began our SPE program in the 2013 - 2014 school year, so it is not a new program. However, we are asking the localities to provide a small portion of the program costs for the first time this year.

As stated before, we began this program for freshman in the Spotsylvania County Public Schools (SCPS) in the 2013 -2014 school year , and expanded to Fredericksburg City Schools in 2015. This year (with support from Spotsylvania County Public Schools (SCPS) and matching funds from the Sunshine Lady Foundation (SLF), we were able to expand SPE to the 7th grade in SCPS.

We have the opportunity (through SLF matching funds) to expand SPE to all of Planning District 16.

## **Target Audience and Service Delivery**

**Describe the program's intended audience or client base and how those clients are served.**

The Signs of Suicide curriculum targets high school and middle school teens through two separate curriculum.

Ultimately, we would like to provide SPE to teens in all of PD 16. MHAF's 2013- 2014 pilot program prioritized delivery to freshman students in Spotsylvania County Public Schools (SCPS). We expanded to Fredericksburg City freshman in 2015, and are expanding to SCPS 7th grade students in 2016- 2017.

The goal is to expand to all of PD16, as well as into the community, to benefit youth church groups and organizations serving youth.

MHAF is dedicated to the prevention of the "silent epidemic" of youth suicide through educational and awareness programs that equip young people, educators, youth workers and parents with the tools and resources to help identify and assist at-risk youth.

**If your program has specific entry or application criteria, please describe it here.**

There are no criteria for entry or application for the students receiving the education. The SPE curriculum has been adopted as part of the school's Health curriculum.

## Mental Health America of Fredericksburg -

### Number of Individuals Served

*You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.*

*When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.*

*You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.*

### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

<b>Locality</b>	<b>FY2016 (Actual)</b>	<b>FY2018 (Projected)</b>
Fredericksburg City	223	500
Caroline County	0	0
King George County	0	0
Spotsylvania County	1,685	4,000
Stafford County	0	3,000
Other Localities	0	0
Total	1,908	7,500

# Mental Health America of Fredericksburg -

## Goals and Objectives

### Goals

#### Goal:

Teens will improve their knowledge and recognition of the signs and symptoms of depression and suicide ideation thus reducing risky behaviors.

Objectives	Objective Results	Year End	Baseline
Teens will improve their knowledge and understanding of depression as an illness and treatment options.	Total # Clients Served	1,907	3,500
	Total # Clients Achieved/Successful	1,875	3,300
	% Achieved / Successful	98.32	94.29
Teens will improve their knowledge and understanding that suicide is not a normal response to stress.	Total # Clients Served	0	3,500
	Total # Clients Achieved/Successful	0	3,300
	% Achieved / Successful	0	94.29

### Outcomes Narratives

#### Explanation & Overview

**If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

The data we are reporting is from the curriculum we used the last three years (More Than Sad). Our goals and objectives are written for the curriculum we are currently using (Signs of Suicide).

We used the More Than Sad (MTS) curriculum (by the American Foundation for Suicide Prevention - AFSP) for freshman in Spotsylvania County Public Schools (SCPS) since 2014, and used the same curriculum when we expanded our education to include Fredericksburg City Schools last year. The MTS curriculum and our data collection focused on the signs and symptoms of depression (the focus of MTS). Thus we do not have specific data results regarding knowledge of suicide ideation.

Our data shows clearly that education increased teen's knowledge of the signs and symptoms of depression.

The Signs of Suicide (SOS) curriculum teaches about the signs and symptoms of depression, suicide ideation, as well as help seeking behaviors for themselves or others.

#### Updates for FY2018

**Please note any changes you plan to make to the program, or the stated goals and**

## objectives, given the data you have reported

Our projected numbers for data collection increased significantly because this year we are expanding our SPE to include both 9th and 7th grades in SCPS using the Signs of Suicide (SOS) curriculum developed by Screening for Mental Health, Inc. The high school program is listed on SAMSHA's National Registry of Evidence-based Programs and Practices. The middle school program is listed in Section III of the Suicide Prevention Resource Center's Best Practices Registry. Through the SOS program, students are taught that suicide is not a normal response to stress and it can be prevented.

The data reported previously was from the MTS curriculum which focused on the signs and symptoms of depression and help seeking behaviors for themselves and/or others.

Our stated goals and objectives are based on the Signs of Suicide curriculum which includes signs and symptoms of depression, suicide ideation and help seeking behaviors.

## If you are restating the goals or objectives for FY 2018, please include those here

This is the first year that we are requesting funds for Suicide Prevention Education from the localities, thus our goals and objectives are new this year and we do not have data to report on all our objectives.

Goal - Teens will improve their knowledge and recognition of the signs and symptoms of depression and suicide ideation thus reducing risky behaviors.

Objective - Teens will improve their knowledge and understanding of depression as an illness and treatment options.

Objective - Teens will improve their knowledge and understanding that suicide is not a normal response to stress.

### Goal:

**Teens will improve their knowledge of help-seeking behaviors (in regard to the signs and symptoms of depression and suicide ideation), thus reducing risky behaviors for themselves and their peers.**

Objectives	Objective Results	Year End	Baseline
<b>Teens will learn that suicide is not a normal response to stress and that it can be prevented by using help seeking behaviors for themselves or others.</b>	Total # Clients Served	0	3,500
	Total # Clients Achieved/Successful	0	3,300
	% Achieved / Successful	0	94.29
<b>Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.</b>	Total # Clients Served	0	3,500
	Total # Clients Achieved/Successful	0	3,300
	% Achieved / Successful	0	94.29

## Outcomes Narratives

## **Explanation & Overview**

### **If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case**

The data we are reporting is from the curriculum we used the last three years (More Than Sad). Our goals and objectives are written for the curriculum we are currently using (Signs of Suicide).

We used the More Than Sad (MTS) curriculum (by the American Foundation for Suicide Prevention - AFSP) for freshman in Spotsylvania County Public Schools (SCPS) since 2014, and used the same curriculum when we expanded our education to include Fredericksburg City Schools last year. The MTS curriculum and our data collection focused on the signs and symptoms of depression (the focus of MTS). Thus we do not have specific data results regarding knowledge of suicide ideation and help seeking behaviors..

## **Updates for FY2018**

### **Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported**

We are expanding to include both 9th and 7th grades in SCPS using the Signs of Suicide (SOS) curriculum developed by Screening for Mental Health, Inc. The high school program is listed on SAMSHA's National Registry of Evidence-based Programs and Practices. The middle school program is listed in Section III of the Suicide Prevention Resource Center's Best Practices Registry. Through the SOS program, students are taught that suicide is not a normal response to stress and it can be prevented.

The data reported previously was from the MTS curriculum which focused on the signs and symptoms of depression and help seeking behaviors for themselves and/or others.

Our stated goals and objectives are based on the Signs of Suicide curriculum which include signs and symptoms of depression, suicide ideation and help seeking behaviors.

### **If you are restating the goals or objectives for FY 2018, please include those here**

This is the first year that we are requesting funds for Suicide Prevention Education from the localities, thus our goals and objectives are new this year and we do not have data to report on all our objectives.

Goal - Teens will improve their knowledge of help-seeking behaviors (in regard to the signs and symptoms of depression and suicide ideation), thus reducing risky behaviors for themselves and their peers.

Objective - Teens will learn that suicide is not a normal response to stress and that it can be prevented by using help seeking behaviors for themselves or others.

Objective - Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.

## Mental Health America of Fredericksburg -

### Program Budget

Please detail below the budget request for your program.

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

### Expenses

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Salary	34,040.00	46,840.00	66,540.00
Benefits	2,987.00	3,583.00	5,090.00
Operating Expenses	6,206.00	28,572.00	48,072.00
Capital Expenses	0.00	0.00	0.00
Total	43,233.00	78,995.00	119,702.00

### Revenues

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Caroline	0.00	0.00	0.00
Fredericksburg	0.00	0.00	500.00
King George	0.00	0.00	0.00
Spotsylvania	0.00	0.00	2,000.00
Stafford	0.00	0.00	2,000.00
United Way	0.00	0.00	0.00
Grants	5,000.00	47,419.00	87,418.00
Client Fees	0.00	0.00	0.00
Fundraising	38,233.00	31,576.00	27,784.00
Other (Click to itemize)	0.00	0.00	0.00
Total	43,233.00	78,995.00	119,702.00

### Surplus / Deficit

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	0.00	0.00	0.00